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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KARL & JUDY CO

| (<u>Name of the Limited Liabilit</u> (A Florida | ty Company as it now Limited Liability Con | <u>appears on our records</u> npany) | .) |
|---|---|---|--|
| The Articles of Organization for this Limited Liability Co Florida document number <u>L22000294393</u> | Company were filed | on 06/28/2022 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limit | ted liability comp | any here: | |
| KARL & JUDY CO LLC | | | |
| The new name must be distinguishable and contain the words "Limi | ited Liability Company | "," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | _ | | |
| (Principal office address MUST BE A STREET ADDR. | <u>ESS)</u> | | · · · · · · · · · · · · · · · · · · · |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | ·— | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on | our records, enter th | ie name of the new registere |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| New registered office Address. | Em | ier Florida street address | |
| | | Flor | ida |
| - | City | | idaZip Code |
| New Registered Agent's Signature, if changing Registered | Agent: | | |
| hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and considered the obligations of my position as registered ageoeing filed to merely reflect a change in the registered company has been notified in writing of this change. | mplete performan ent as provided fo | ice of my duties, and ir in Chapter 605, F., | I am familiar with and S. Or, if this document is |
| | If Changing Register | ed Agent. Signature of N | ew Registered Agent |
| | | | The state of the s |

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Note: If the date | if other than the is listed, the date mus is inserted in this blo ctive date on the De | ock does not meet | the applicable : | e of filing or more t statutory filing re | (option: han 90 days after fili quirements, this da | il) ng) Pursuant to 605.026 ite will not be listed a |
| | a delaved effective | e date, but not an o | effective time, a | t 12:01 a.m. on t | ne carlier of: (b) | The 90th day after the |
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| rd is filed. Dated | Γ | Signature of a mem | · | representative of a | member | |

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